This Information Should Be Directed to the Management Staff of Your Agency

Bureau Talk

Missouri Department of Health and Senior Services
Bureau of Home Care and Rehabilitative Standards

Volume 02-1 – November 2002

Personnel Changes

Due to all the changes in the Bureau it has been quite some time since we published Bureau Talk. We appreciate your patience during this transition time. As most of you are aware we have several new personnel due to the retirement and transfers. Linda Grotewiel, R.N., assumed the duties of the Bureau Administrator after Carol Gourd's retirement in December. In addition, Lisa Coots, R.N. has been hired as Assistant Bureau Administrator and Beverly Rex, R.N. has been hired to fill our vacant surveyor position. Debra Kempker now fills our HPR position. Lisa and Beverly bring years of experience in the health care field. Debra transferred to our Bureau from within the Department of Health and Senior Services and brings specific knowledge regarding fiscal issues. We welcome them to the Bureau and know they will be an asset to our team. ◆

Home Health Issues

Oral Prescriptions for Schedule III and IV Controlled Substances

Recent conversations with the Federal Drug Enforcement Administration (DEA) have led to a clarification regarding appropriate communication of oral Schedule III and IV controlled drug prescriptions to pharmacies. The attached memo from Lois Kollmeyer, Director, Division of Health Standards and Licensure and copy of the DEA letter, provides that nurses directly responsible to the physician may act as agents of the physician for the purpose of communicating such oral prescriptions to a pharmacy. This memo is being sent to all effected entities in an effort to coordinate this information. Please review your agencies current practice regarding the communication of these controlled substances. If you have questions regarding this issue please call the Bureau. ◆

Branch Offices for Home Health Agencies

The Centers for Medicare & Medicaid Services (CMS) will be assigning identification numbers to every existing branch of a parent home health agency (HHA) and subunit. The system will uniquely identify every branch of every HHA certified to participate in the Medicare home health program. This identifying number will be entered on OASIS item M0016 (Branch ID). These numbers will be assigned over the next few months and your agency will be notified of your assigned branch numbers by mail. We must have current information regarding all approved branch locations in order to assign the identification numbers. ◆

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Important Information about Branch Locations

There have been an increased number of questions regarding what we will consider when approving a branch location and what is expected during onsite monitoring of the branch location. Included are some of the items that will be considered during your request and during onsite monitoring.

- The supervising nurse or physician, as required in 42 CFR 484.14 (d) must be available by phone or other means of communication during operating hours.
- The governing body is responsible for the overall operations of the parent and branch.
- Periodic onsite visits to the branch by the parent. The parent HHA should be aware of the staffing, patient census and any issues/matters affecting the operations of the branch.
- The Administrator of the HHA must be able to maintain an ongoing liaison with the branch to ensure that staff is competent and able to provide appropriate, adequate, effective and efficient patient care.
- Services offered by the HHA parent are also offered by the branch.
- The branch and its service area must be located within the parent's geographic service area.
- The parent should have a system to review patient records and care at the branch to ensure the branch is implementing all policies and procedures and complying with the COP.
- The agency provides ongoing in-service training for all staff.
- The parent is responsible for any contracted arrangements.
- The required group of professional personnel which reviews that agency's policies is directed to service delivery throughout the entire agency, including the parent and any branches.

The onsite monitoring should reveal that:

- A copy of the HHA's policies and procedures is maintained in each branch and that personnel are knowledgeable of the policies.
- The branch retains the active clinical records for its patients.
- Patients are receiving appropriate care and services. ◆

Requests for Home Health Agency Branch Office Approval

An agency cannot open a branch location without prior approval from the Bureau. The request for a branch must be submitted to this office in writing. The Bureau will then forward the agency a request for additional information needed before approval can be finalized. Specific information will be requested that will identify the agency's ability to supervise the provision of care and the ability of the branch location to meet the regulatory definition of a branch as defined in 42 CFR 484.2. The decision to approve a branch location will be based on the agency's ability to adequately supervise that branch to assure that the quality and scope of items and services provided to all patients is of the highest practicable functional capacity for each patient so as to meet their medical, nursing, and rehabilitative needs. In addition, if the agency is Medicare certified, the agency must contact their Fiscal Intermediary (FI) and request an 855 and submit this information to your FI for approval. Please forward a **copy** of the completed 855 to the Bureau with the requested information. *Remember* you cannot provide services from a branch location without prior approval of this office. Establishing a branch location across state lines requires additional information. Please contact the Bureau if you plan to open a branch location across state lines and we will assist you with that process. ◆

Immunizations Standards for Home Health Agencies

Effective October 2, 2002, CMS has revised the Conditions of Participation (COP) to remove the Federal barrier related to the requirement for a physician to order influenza and pneumococcal immunizations. This change will help improve adult vaccination coverage. The first sentence of the current requirements in the COP at 484.18(C) has been changed to read "drugs and treatments are administered by agency staff only as ordered by the physician, with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per agency policy developed in consultation with a physician, and after an assessment for contraindications." (This does not apply to hospice providers.) ◆

Home Health Psych Nurse

Effective October 1, 2002, credentialing is no longer a requirement for nurses who perform home health psychiatric visits. In the interim, Cahaba will return to the qualification requirements previously published which include the following:

- A registered nurse with a Master's degree in psychiatric or mental health nursing, who is licensed in the state where practicing, and has nursing experience within the last three years in the psychiatric or mental health unit of a hospital, a partial hospitalization program, an outpatient psychiatric clinic, or psychiatric home care.
- A registered nurse with a Bachelor's degree in nursing, who is licensed in the state where practicing, and has one year of recent (within the last three years) nursing experience in the psychiatric hospital or mental health unit of a hospital, a partial hospitalization program, an outpatient psychiatric clinic, or psychiatric home care.
- A registered nurse with a diploma or associate degree, who is licensed in the state where practicing, and has two years recent (within the last three years) nursing experience in the psychiatric or mental health unit of a hospital, a partial hospitalization program, an outpatient psychiatric clinic, or psychiatric home care. ◆

OPT Information

Extension Sites for OPT

The Bureau must approve extension sites before services can be billed. Requests to open an extension site must be submitted to the Bureau office in writing. Attached is a checklist of issues that must be addressed prior to approval. ◆

Hospice

Enteral Feedings for Hospice Patients

Recently there have been several questions regarding who is responsible for the payment of enteral feedings. It is our understanding that some hospice providers have admission policies stating they will not accept patients with enteral feedings. According to CMS that is acceptable if the policy applies to all prospective patients, but having a blanket policy that states you will not cover enteral feedings is not acceptable. Once an individual is accepted for care, all necessary services related to the terminal illness must be provided. If enterable feedings are related to the terminal diagnosis it should be on the plan of care and the hospice is responsible for payment. ◆

Impact of Nursing Shortage on Hospice Care

Many hospices and their associations have notified CMS that the shortage of nurses is having a significant impact on access to hospice services and that hospices have had to deny services to eligible patients because they do not have adequate staff to provide nursing services. A hospice must ensure that substantially all the core services are routinely provided directly by hospice employees. Nursing is a core service. The regulations allow a hospice to use contracted staff, if necessary, to supplement hospice employees during periods of peak patient loads or under extraordinary circumstances. CMS is aware that the nursing shortages have been documented across the country. Effective October 1, 2002 – September 30, 2004, CMS is implementing a temporary measure to allow individual hospices to contract for nurses if the hospice can demonstrate that the nursing shortage is creating an extraordinary circumstance that prevents it from hiring an adequate number of nurses directly. The temporary measure does not extend to counseling and medical services, which are the other core services.

If your hospice intends to elect an exemption under the "extraordinary circumstance" you must notify our office in writing that you intend to elect an exception under the "extraordinary circumstance" authority. The notification should address the following:

a. An estimate of the number of nurses that the agency will currently need to employ under contract.

b. Estimate the number of patients that the agency has not been able to admit during the past three-month period due to the nursing shortage and provide current and desired patient/nurse ratio for the agency.

c. Evidence the agency has made a good faith effort to hire and retain nurses, including;
   - Copies of advertisement in local newspapers that demonstrate recruitment efforts;
   - Copies of reports of telephone contacts with potential hires, professional schools, organizations, etc.;
   - Job descriptions for nurse employees;
   - Evidence that salary and benefits are competitive for the area;
   - Evidence of other recruiting efforts; and
   - Ongoing self-analyses of the hospice's trends in hiring and retaining qualified staff.

d. The hospice must demonstrate that it has a training program in place to assure the contracted staff is trained in the hospice philosophy and the provisions of palliative care prior to patient contact.

e. The hospice must assure that contracted staff is providing care consistent with the hospice philosophy and the patient's plan of care.

f. Contracted nurses are used to supplement nurses employed directly and are not used solely to provide continuous care nursing or on call services.

g. The hospice is expected to continue its recruitment efforts during this period that it is contracting for nurses.

Annual Reports and HCFA-381

Annual reports required of all state certified hospices and all licensed home health agencies will be mailed to each agency in November. HCFA-381 forms will also be mailed to each OPT. Be sure to complete and return these forms with the required information to avoid license and certification problems. ◆

Changes in Agencies

Any change in the status of your agency needs to be reported to our Bureau. Some examples include expansion or reduction of service area, addition of branch offices, and changes in administrative personnel. Some changes require prior approval from both the Federal and State officials. **All requests for changes must be submitted in writing.** This must be a separate request and not just a note included on the license renewal application. Changes cannot be implemented until all the required documents have been completed, the Bureau has notified CMS of approval and notification of the approval is received by the agency. ◆

License Renewals

Filling out your license application completely and with current information will avoid a lapse in your license and possible problems with Medicare certification. We cannot issue a license until all required information is received. Remember to send a copy of your current certificate of Good Standing with the Secretary of State and copies of fictitious filings if appropriate. ◆

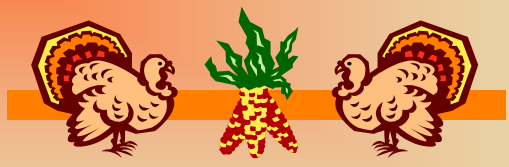
Website

Debbie Kempker from our Bureau is working to update our website with current information and to make access more "user friendly." We will notify you when this project is completed. ◆

New OASIS Coordinator

Effective November 1, 2002, we will have a new OASIS Coordinator. Mike DeClue, R.N., will become the State Informational Data Service Coordinator which will include OASIS Education. Bonnie Quick will be available to assist Mike with OASIS related questions until January 1, 2003. Mike can be reached at 573/751-6308 or by e-mail at declum@dhss.state.mo.us. Bonnie has done an excellent job with the OASIS program but is excited about the opportunity to survey more. She will assume more survey activity in the Central Missouri region. ◆

HAPPY THANKSGIVING!!



FROM THE STAFF AT THE BUREAU OF HOME CARE AND REHABILITATIVE STANDARDS